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Draft country programme document**

Uganda

Summary

The Executive Director presents the draft country programme document for Uganda for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $42,880,000 from regular resources, subject to the availability of funds, and $40,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data† *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	14.7
U5MR (per 1,000 live births)	140
Underweight (% moderate and severe, 2000/01)	23
Maternal mortality ratio (per 100,000 live births, 1991/2001)	510
Primary school enrolment (% net, male/female, 2001/2000)	87/87,100/100
Primary schoolchildren reaching grade 5 (%, 1998)	45
Use of improved drinking water sources (%, 2002)	56
Adult HIV prevalence rate (%, end 2003)	4.1
Child work (%, children 5-14 years old)	34
GNI per capita (US$)	240
One-year-olds immunized against DPT3 (%)	81
One-year-olds immunized against measles (%)	82

† More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Uganda has experienced substantial economic growth over the past decade, but growth in the gross domestic product per capita lagged behind at 2.8 per cent per annum, due to a population growth rate of 3.4 per cent per annum. (Uganda has the third-highest population growth rate in the world.) Approximately 10 million people out of a total population of 24.4 million live in poverty, including 5.5 million children. The proportion of people below the poverty line rose from 34 per cent in 2000 to 38 per cent in 2003, accompanied by rising inequality. Regional differences remain pronounced: in the north, over 63 per cent live below the poverty line; in the east, 46 per cent.

2. In the north and northeast, 19 years of conflict have resulted in widespread insecurity and large-scale population displacement. Some 90 per cent of the population from three districts is displaced. Mediation efforts in early 2005 may culminate in a ceasefire with the Lord's Resistance Army, potentially leading to peace and post-conflict recovery. However, the process is politically fragile. Meanwhile, 1.4 million internally displaced persons (IDPs), 80 per cent of whom are women and children, live in temporary shelters in more than 200 congested camps with minimal services, exposed to serious human rights violations. About 20,000 children have been abducted since 1986, serving as soldiers, porters and sex slaves. Around 35,000 children, unaccompanied by adults, commute into towns each night to avoid abduction, becoming exposed to new hazards.

3. The under-five mortality rate is 140 per 1,000 live births and is due primarily to malaria, respiratory infections, and diarrhoea, exacerbated by malnutrition, with wide disparities evident between urban and rural areas. Stunting affects 38 per cent of children (2001). DPT3 coverage increased from 42 per cent in 2000/2001 to 81 per cent in 2003. Some 8 per cent of children under five sleep under mosquito nets. The Millennium Development Goal of 62 per cent access to safe water has been achieved in urban areas; in rural access, access has increased from 24 per cent (1992) to 56 per cent (2003). At 31 per cent, Uganda has the highest adolescent

pregnancy rate in sub-Saharan Africa. Some 61 per cent of women deliver without skilled care, and 5 per cent have access to fully functional emergency obstetric care (EmOC).

4. The HIV prevalence rate among pregnant women declined in the 1990s but has stagnated at 6.2 per cent (2002), which implies that about 1.1 million people are HIV positive. Surveillance figures from antenatal services in districts affected by conflict indicate a prevalence rate of around 10 per cent, the high figure possibly attributable to rape and displacement. The main cause of infection is unprotected heterosexual transmission, followed by mother-to-child-transmission, with around 20,000 babies infected annually. Voluntary counselling and testing and prevention of mother-to-child transmission (PMTCT) of HIV are increasingly available services. Infection rates among 15- to 19-year-olds are nearly three times higher for girls (16 per cent) than for boys (6 per cent).

5. Approximately 1.8 million children are orphaned, half of them because of AIDS, and the number of orphans is expected to rise to 3.5 million by 2010. The number of child-headed households is also growing. As for working children, some 63 per cent are orphaned. These children are commonly employed as domestic servants and are at risk of sexual exploitation. There is a direct relation between poverty and child labour: of the estimated 2.7 million economically active children, 45 per cent work to survive. An estimated 7,000-12,000 children are involved in commercial sex, 90 per cent of them girls and 47 per cent orphaned children.

6. Universal Primary Education has increased the net enrolment rate to 87 per cent, which more than trebled from 2.3 million in 1996 to 7.5 million in 2004. The gender gap at primary level is minimal. About 800,000 children aged 6-12 years do not attend school. Because of late entry and repetition, 74 per cent of children in grade one are over-age. Dropout rates are high: only 23 per cent of children (21 per cent girls and 24 per cent boys) complete primary school. The quality of education remains poor: only 20 per cent of children who complete six years of schooling attain defined competency levels in literacy and numeracy.

7. The primary reasons for the difficult situation of children and women include the fact that duty bearers do not meet their obligations because of insufficient public resources, poor governance, gender inequalities, disproportionate urban/rural service provision, lack of quality basic services, inadequate numbers of qualified personnel, and a shortage of essential commodities. Conflict in the north and northeast, and the subsequent degeneration of most social services, has hindered budget-absorption capacity, and the response to emergency needs is slow. Cultural factors and marginalization have negatively impacted socio-economic investments in the northeast among the predominantly pastoralist population. These rights holders have limited capacity and opportunity to claim their rights.

8. Uganda ratified the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, and banned the recruitment of children under 18. The first periodic report to the Committee on the Rights of the Child was presented in 2000. The discussion of this report and a 2004 addendum takes place in September 2005. Recommendations on the initial report prepared in 1995 include harmonization of national legislation with the Convention; prevention of discrimination against girls and vulnerable children; and paying special attention to ill-treatment and abuse, including sexual abuse of children. A Children's Act, based on the Convention, was passed in 1996.

Key results and lessons learned from previous cooperation, 2001-2005

Key results

9. In line with the mid-term review (MTR) recommendations, during 2004 UNICEF accelerated the humanitarian response in eight districts affected by conflict, in coordination with the Office of the Prime Minister, local government, United Nations agencies and non-governmental organizations (NGOs). Three zonal offices were established to provide close field support and coordination with partners to address children's access to health, education, water and protection. Achievements include the development of policies and protection strategies for IDPs, resulting in the introduction of a home-based care package to reduce under-five morbidity; construction of water systems in camps, which provided water for more than 400,000 people; the expansion of therapeutic feeding centres; the strengthening of district-based registration of formerly abducted children; the setting up of learning centres for approximately 120,000 primary school students and early childhood development (ECD) sites for 11,800 children; and the provision of protection for more than 30,000 night commuters. A joint study with the International Rescue Committee on sexual and gender-based violence (SGBV) will be completed in 2005, and an appropriate response developed.

10. **Key programme results.** Support to immunization led to DPT3 coverage of 81 per cent, no cases of poliomyelitis recorded since 1996, and a decline in reported cases of measles over a six-month period, from 11,800 in 2003 to 1,498 in 2004. Together with partner agencies, the 2004 target of providing PMTCT services in all 56 districts was reached and a communication strategy implemented. Regarding education, 1,330 primary schools in 31 districts qualified as child-friendly; 19,000 children achieved literacy through the "Breakthrough to Literacy" initiative; and 30,000 disadvantaged children attended 602 new ECD sites. Birth registration reached more than 1.6 million children.

11. UNICEF played a key role as an advocate for children, influencing national policy review, development and action, and leveraging resources for public-sector budget allocation, particularly within the sector-wide approach (SWAp) for the main social sectors. UNICEF strongly influenced the development of a multi-sectoral approach to reducing infant and maternal mortality and of strategies for EmOC, ECD, girls' education at the national level, and emergency water and sanitation. UNICEF also strongly influenced the incorporation of issues related to IDPs and child protection into sector investment programmes (SIPs), and resource-leveraging for non-formal education. A Social Development Sector Investment Plan was approved, based on the human rights-based approach to programming. The Plan covered all social protection issues affecting children, women, and other vulnerable groups, including a national policy on orphans and vulnerable children (OVC) developed in a consultative, participatory process with the children themselves. Commitment to *A World Fit for Children* goals was acknowledged in the Poverty Eradication Action Plan (PEAP) following UNICEF-supported consultations with government officials and parliamentarians.

Lessons learned

12. The operationalization of the human-rights approach, using the District Focus Approach, enabled UNICEF and its counterparts to target the most disadvantaged districts, promoting community involvement in local-level planning in a process that strengthens the interaction between rights holders and duty bearers. However, greater emphasis needs to be placed on monitoring and assessing the results of this approach and its impact on children's lives. A workshop on the rights-based approach in 2004 recommended continuously analysing and reducing gaps in duty bearers' capacity, and identifying opportunities and strategies for systematic integration of the rights-based approach in district planning, budgeting, implementation and monitoring processes.

13. While progress has been made in integrating child protection into policy and action for children affected by conflict, it is increasingly evident that many of the protection issues faced by these children are also prevalent in the rest of Uganda (Draft Report on "Children in Need of Special Protection Measures", 2004). The new country programme must give increased attention and support to child protection in non-conflict districts, with particular attention paid to violence, SGBV, and child labour, and to establishing systems to address protection of vulnerable children.

Country programme, 2006-2010

Summary budget table*

Programme	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Social policy, advocacy and alliances for children	3 300	1 000	4 300
The right of all children to education	7 250	8 000	15 250
Child survival and development	11 500	10 000	21 500
Children and AIDS	10 500	10 000	20 500
Protecting the vulnerable	4 750	7 000	11 750
Cross-sectoral costs	5 580	4 000	9 580
Total	**42 880**	**40 000**	**82 880**

* Consolidated Appeals funding of $15-20 million annually is anticipated for 2006-2008.

Preparation process

14. The country programme was developed through an inclusive process using the rights-based approach and based on the Common Country Assessment (CCA), priorities in the PEAP and the draft United Nations Development Assistance Framework (UNDAF), the draft medium-term strategic plan (MTSP) of UNICEF 2006-2009, lessons learned from evaluations, reviews, the Consolidated Appeals Process, the PEAP revision and the review of the implementation of the recommendations of the Committee on the Rights of the Child, including the 2004 addendum. Thematic working groups used the Millennium Development Goals as a framework for the CCA, and drafted the UNDAF around five interlinked areas of

cooperation: (a) reducing poverty and improving human development; (b) good governance; (c) protecting and promoting human rights; (d) supporting the national AIDS response; and (e) accelerating the transition from relief to recovery. The Country Programme Management Team, chaired by the Ministry of Finance, Planning and Economic Development, led the country programme preparation process within the CCA/UNDAF, and determined the contribution of UNICEF to achieving the UNDAF, PEAP and Millennium Development Goals. UNICEF is committed to working in UNDAF areas a, c, d and e (listed above), where the organization has a comparative advantage, aiming to reach the most vulnerable. The key results expected from the country programme are fully consistent with the UNDAF, contributing in turn to the expected PEAP results. The preparation process also involved relevant SIP working groups, United Nations agencies, bilateral agencies, NGOs, and civil society organizations (CSOs), with support provided from the UNICEF regional office and headquarters. The views of children and young people aged 6 to 18, from both conflict and non-conflict districts, contributed to the establishment of the priorities. A desk review found no likely negative environmental impact.

Goals, key results and strategies

15. The overall country programme goal is to ensure that vulnerable children in the most disadvantaged communities progressively realize their rights to survival, development, protection and participation.

Key results

16. Nationwide, the key results expected are a reduction in child vulnerability and an enhancement of child participation at national, district, and community levels through the influencing of policy analysis and resource-leveraging by use of up-to-date, reliable data on child poverty and human development, disaggregated by sex and household income.

17. In the targeted districts, expected key results are the following: (a) the percentages of girls and boys aged 0-5 years who realize their right to early learning and stimulation will increase from 2 per cent to 12 per cent; (b) the percentage of girls and boys aged 6-12 realizing their right to access education will increase from 53 per cent to 68 per cent, while the percentage of children who complete quality primary education and achieve required proficiency levels for their class will increase from 23 per cent to 40 per cent ; (c) the percentage of children, especially those under 5, accessing preventive, promotive and curative health and nutrition services will increase to 80 per cent (measles coverage will increase from 81 per cent to 90 per cent); (d) young people and women, especially adolescents, who realize their right to antenatal care "plus" will increase to 42 per cent; (e) young people, especially girls, will have reduced their risk of and vulnerability to HIV infection; (f) infected children, young people and women will access HIV/AIDS care and treatment services; (g) at least 40 per cent of children identified as vulnerable to violence, exploitation, abuse, discrimination and neglect, together with their families, will access protection and social services; (h) girls, boys and women will be living in an environment that supports the progressive realization of their rights to protection from sexual violence and exploitation; and (i) all girls and boys will realize their right not to be recruited into armed forces or groups and not to

participate in hostilities. In the country programme action plan, UNICEF will define the extent of its contribution to those key results.

Strategies

18. The overarching programme strategy is to focus on the most vulnerable children in the most disadvantaged districts, aiming at disparity and poverty reduction. Building on the experience with the rights-based approach and the District Focus Approach in the 2001-2005 programme, the most disadvantaged districts, particularly those affected by conflict, will be targeted, strengthening community involvement by several means: (a) engaging duty bearers and rights holders, especially women, in local planning; (b) bringing multi-sectoral interventions closer to communities; (c) leveraging available resources for children at district level; and (d) ensuring systematic integration of the rights-based approach into district planning, budgeting, implementation and monitoring processes.

19. Additional strategies include the following: (a) service delivery, focusing on conflict districts using a multi-sectoral approach, universal access, and institutional strengthening for greater synergy and more effective strategies to reach the excluded; (b) results-based planning, monitoring and evaluation; (c) social mobilization for behaviour change; (d) promotion of child participation and decision-making in day-to-day community life, in schools and within the child's immediate environment; and (e) mainstreaming emergency preparedness and response throughout the programme, particularly regarding conflict and post-conflict situations.

20. The **advocacy for child rights** strategy will use data analysis from districts for evidence-based prioritization of child rights, influencing political will and building alliances to create an enabling environment — in terms of policy, law and public opinion — in favour of the realization of child rights. This will include leveraging resources with donors, including the Global Fund for AIDS, Tuberculosis and Malaria, with SIPs and the Medium Term Expenditure Framework (MTEF), and with districts within the decentralized system.

Relationship to national priorities and the UNDAF

21. The country programme is based on the PEAP priorities, SIP goals, MTEF targets, and the national decentralization policy. Its cycle is harmonized with the United Nations system within a five-year UNDAF, as detailed in the UNDAF results matrix.

Relationship to international priorities

22. The country programme is based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The objectives and strategic approach are consistent with the Millennium Development Goals that underlie PEAP, and with the Millennium Declaration. The programme addresses the priority areas identified in the goals of *A World Fit for Children*, the Abuja Declaration, the Core Commitments for Children in Emergencies, and the draft MTSP 2006-2009.

Programme components

23. **Geographic coverage.** The programme will focus on the conflict-affected districts in northern Uganda and Karamoja as well as post-conflict districts, all of which have a total population of 6 million, including 3.3 million children. Priority will be given to the most vulnerable children in IDP camps. These districts' indicators are consistently worse than the national averages, and conflict districts face the additional challenge of access. Nationwide activities include advocacy, aiming at influencing policy and resource allocation for children, as well as interventions to reduce child mortality, supporting immunization, vitamin A supplementation and deworming.

Social policy, advocacy and alliances for children

24. Social indicators show an increase in the number of children living in poverty and are marked by geographic disparities. The programme contributes to addressing this situation through two projects. The first, *evidence-based social policy advocacy for children*, will contribute to the monitoring process for the Millennium Declaration, Millennium Development Goals and PEAP by supporting the provision of up-to-date data on children and young people using *UgandaInfo* and other information sources. Data on children and young people will be analysed from a human rights perspective and will be used to advocate for effective national policies to address the disparities affecting the realization of children's rights and for adequate social budgeting for children at national and district levels.

25. The second project, *advocacy and alliances for children*, will contribute to the progressive realization of children's rights and gender equity through networking and advocacy for legislation; administrative measures; social policy development; and leveraging resources. The recommendations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women will be disseminated, and appropriate discussion and action organized, especially at the district level and among children. The project will promote the meaningful, active participation of women and children in decision-making processes, including in planning, implementing, monitoring and evaluating programmes directly affecting the fulfilment of their rights. Young people's networks will be established, with priority given to the participation of disadvantaged children. The programme works in partnership with other United Nations agencies, bilateral donors, NGOs and CSOs. Funding will come mainly from regular resources.

The right of all children to education

26. In response to the exclusion of the most vulnerable children from ECD and primary education, and to the inefficiency of the primary school system, the programme aims to progressively enable children aged 3-5 to exercise their right to quality early learning and stimulation and preparation for timely enrolment in primary school; and to enable children aged 6-12, especially girls, to access and complete quality primary education and achieve the required proficiency levels. Under this programme, the *early learning and stimulation* project supports the establishment of community-based ECD sites for the most vulnerable girls and boys, with parental involvement, monitored and supervised by local government. Caregivers' capacity will be strengthened in child-centred, gender-responsive, and age-appropriate teaching and learning processes and methodologies.

27. The second project, *primary education quality and completion*, will consolidate and expand current initiatives, such as the child-friendly schools initiative, aiming to increase access, retention and learning achievement for the most vulnerable children, particularly girls, through the development of competency and outcome-based curricula, the training of teachers on child-centred teaching and learning processes, life skills for HIV prevention, and improved school environmental safety. Girls' Education Movement in-school clubs will be expanded, supporting out-of-school girls to return to school and encouraging girls to complete their education. Non-formal, alternative or catch-up education for children who have not been to school or who drop out will be expanded in conflict districts and with the pastoralist population. The education SIP provides the programme policy framework, and the United Nations Girls' Education Initiative will support advocacy and resource leveraging. Conflict districts will be a priority for regular resource funding.

Child survival and development

28. The programme addresses the underlying causes of infant, child and maternal mortality as identified in the CCA. The *child health and nutrition* project will contribute to achieving 80 per cent coverage among the most vulnerable children under five in preventive, promotive and curative services, through the expanded programme on immunization (EPI) "plus", community-based Integrated Management of Childhood Illness, and biannual child health days. UNICEF will support planning, monitoring and supervision of district implementation plans to ensure that the most vulnerable girls and boys are reached. The project will advocate, leverage resources and provide technical advice for nationwide EPI, vitamin A supplementation and deworming. Community dialogue will be used to enhance parental knowledge of basic health and nutrition and child development, in order to improve family care practices and home-based stimulation for children aged 0-2.

29. The *young people and women's sexual and reproductive health* project will contribute to increased availability and use of sexual and reproductive health services, with special emphasis given to young people, especially girls. Improved services that are "young-people-friendly" will enhance antenatal care coverage, increase skilled attendance for deliveries and access to quality EmOC, reinforce PMTCT coverage, and underpin young peoples' HIV/AIDS prevention initiatives. Activities will include advocacy for reproductive health, on-the-job training and supervision for health professionals, and the development of models for newborn care at the community level. The *community water and sanitation* project aims to prevent diarrhoeal diseases by advocating for access to clean water and sanitation, strengthening operational and maintenance systems, and promoting good hygiene practices. In conflict districts, the project will work with SIP partners to install water and sanitation facilities.

30. The programme works within the SIPs for health and water to ensure that issues affecting child and maternal mortality are adequately addressed and to leverage resources for interventions having a direct impact on child survival and development. Within the SWAp, UNICEF, the World Health Organization and the United Nations Population Fund provide technical guidance; bilateral donors such as the United Kingdom, the Netherlands and Sweden contribute direct budget support; and the World Bank, the African Development Bank and other contributors,

such as the United States of America, provide project support. Regular resources will cover advocacy, support for planning and monitoring, and promotion of hygiene practices, as well as a proportion of water installation provision in conflict districts. Other activities, including nationwide EPI, will be financed mainly by other resources.

Children and AIDS

31. This programme will ensure that an adequate proportion of resources available to combat HIV/AIDS is invested in strengthening the capacity of partners to monitor the effectiveness of their HIV/AIDS actions in meeting the particular needs of children. The programme will contribute to the national goal of reducing HIV prevalence through the provision of support to prevention, and through the development of approaches to treatment and care that reinforce prevention. The *"Window of Opportunity"* project aims to reduce prevalence of HIV in children and young people. The project will scale up capacity development, using community dialogue whereby communities identify issues of culture, gender inequality and sexuality, and identify ways that risks for young people can be reduced. The activities will address emerging issues such as the wide availability of HIV testing and antiretroviral treatment as well as prevention among young people who are infected. Innovative approaches to address the sexual and reproductive health concerns of men, including the promotion of safer sex practices, will be supported.

32. The *care and treatment* project will support the prevention of HIV transmission from infected mothers to their babies and will try out district-level strategies to provide care and treatment for children and parents in a supportive environment. The project will advocate scaling up PMTCT to all antenatal care sites. Strategies to introduce paediatric AIDS treatment at the health-centre level will be developed. The *orphans and vulnerable children* project will enhance the capacity of families and caretakers to support children affected by HIV/AIDS, improving their livelihoods and providing economic and psychosocial support so that OVC are accessing basic social services in a protective family environment. At the district level, the project will forge linkages with the *safety nets for children* project and will work with local government and CSOs to strengthen and expand systems caring for OVC.

33. Regular resources will fund most prevention activities, the development of PMTCT "plus" and overall monitoring, supervision and advocacy. Other resources will fund the care and treatment and OVC projects.

Protecting the vulnerable

34. This programme will address the high levels of violence, exploitation, abuse, discrimination and neglect of children. Building on existing but weak social welfare structures, *the safety nets for children* project will support the strengthening and coordination of systems that identify, monitor, refer and protect children. Broad partnerships for child protection will be established, involving institutional service providers and communities, in collaboration with the orphans and vulnerable children project. Support will be provided for capacity development of duty bearers at all levels (including service providers, parents and communities) to identify at-risk girls and boys and to guide them to appropriate institutional services. Strategic interventions will include policy development and review as well as advocacy for

law reform. The project will advocate for and support duty bearers in the adoption of measures to reduce informal child labour and to eliminate the most hazardous forms of child labour. The project will support birth registration, advocating for its nationwide expansion.

35. The *protection from sexual and gender-based violence* project will work to establish locally accessible systems to ensure that survivors of reported cases of SGBV or exploitation receive appropriate medical, legal and psychosocial support. This effort includes building the capacity of service providers, and supporting community initiatives involving men, women and children, to remove the social and institutional barriers to seeking assistance and to create an environment in which children, especially young girls, can realize their right to be free of sexual violence or exploitation. The *children affected by armed conflict* project aims to ensure that no child, including a child of the pastoralist population, is inducted into the ranks of the military, security services or militia. Strategies will include advocacy and the training of armed services officials and local administration. Community mechanisms to reduce the risk of abduction and to reintegrate formerly abducted children will be strengthened. The emerging Social Development Sector Investment Plan will guide the programme in advocacy and in the reform of policy and legislation. The programme will rely on regular resources mainly to support the safety nets and SGBV projects; Consolidated Appeals funding will be used in the conflict districts.

36. **Cross-sectoral** costs will cover the management and support of the overall country programme, including programme planning and coordination. They will also cover operating costs, such as staff and operating expenses related to supply, logistics, administration and finance.

Major partnerships

37. Under the leadership of the Government, partnerships will include United Nations agencies, guided by the UNDAF, for coordination of programme development and implementation; development partners, for advocacy, technical coordination and for leveraging resources within SIPs and the PEAP, using the SWAp; regional initiatives, including the East African Community and the New Partnership for African Development, for increased inter-governmental integration and private sector involvement; and the National Council for Children, the Uganda Human Rights Commission, parliamentarians, the judiciary, civil society, and local communities in the strengthening of the awareness of rights holders and the capacity of duty bearers. Joint programming with United Nations agencies in the field of monitoring, reproductive health, immunization and nutrition is planned, as highlighted in the UNDAF.

Monitoring, evaluation and programme management

38. Key indicators to assess progress on results will be detailed in the summary results matrix. The country programme results matrices will serve as the five-year database for the Integrated Monitoring and Evaluation Plan (IMEP). A five-year plan of monitoring, studies, surveys and evaluations, consistent with the UNDAF monitoring and evaluation plan, will complete the IMEP, and assist UNICEF in jointly monitoring progress on the UNDAF targets. The IMEP will be updated annually, with findings feeding into programming. A baseline study will be

conducted in 2006, particularly related to protection, and the 2002 census data will be further analysed to highlight disparities that affect children, by district. A district-level tracking mechanism completed with partners will be strengthened to monitor programme progress. Information sources include sectoral Management Information Systems, surveys, studies, evaluations and programme reviews. Data will be disaggregated by sex and age. The Office of the Prime Minister has prepared a National Integrated Monitoring and Evaluation Strategy using *UgandaInfo* to disseminate data and to monitor progress on targets of PEAP and the Millennium Development Goals. *UgandaInfo* will track UNDAF and country programme indicators at district level. National surveys planned with partners include Socio-economic Household Surveys (2006, 2009); Ugandan Demographic Health Surveys (2006, 2010), for which UNICEF will support larger samples in conflict districts; a Services Delivery Survey (2007); and an HIV serosurvey (2008).

39. The Ministry of Finance, Planning and Economic Development will manage the country programme and monitor progress towards meeting PEAP and UNDAF goals. Joint Government and United Nations annual reviews will be held, and a joint MTR of UNDAF will take place in 2008 as an evidence-based evaluation of results, with recommendations guiding any possible changes in country programme implementation.

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Draft country programme document**

Burkina Faso

Summary

The Executive Director presents the draft country programme document for Burkina Faso for discussion and comments. The Executive Board is requested to approve a global indicative budget of $33,745,000 from regular resources, subject to the availability of funds, and $40,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

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*Basic data** *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	7.3
U5MR (per thousand live births)	193
Underweight (% moderate and severe)	38
Maternal mortality ratio (per 100,000 live births)	480
Primary school enrolment (% net, boys/girls)	35/28
Primary school children completing grade one who reach grade 5 (%)	93
Use of improved drinking water sources (%, 2002)	51
Adult HIV prevalence rate (%)	4.2
Child work (%, children 5-14 years old)	57
GNI per capita (US$)	300
One-year-olds immunized against DPT3 (%)	84
One-year-olds immunized against measles (%)	76

* Additional data on the country and its women and children is also available on the website www.unicef.org.

The situation of children and women

1. Burkina Faso has a population of 12.1 million and a gross domestic product (GDP) of $268 per capita. According to the 2004 Human Development Index, Burkina Faso ranks 175th out of 177 countries. Children from 0-18 years of age represent 55.8 per cent of the population, women 52 per cent and women of childbearing age (15-49 years old) 38 per cent. Women's inferior social status, the burden of tradition and inadequate access to basic social services weigh heavily on their living conditions. An average economic growth rate of 5.8 per cent was observed between 2000 and 2003, with major regional and social disparities. The proportion living in poverty was 44 per cent in 1994 and 46 per cent in 2003; 52 per cent of women are impoverished, compared to 45 per cent of men.

2. The percentage of the national budget allocated to the social sector went from 26 per cent in 1998 to 28 per cent in 2003, with a major contribution of additional resources drawn from the Highly Indebted Poor Countries initiative. School enrolment and literacy rates remain among the lowest in the world, with marked regional and gender disparities. The gross school enrolment rate went from 41 per cent in 2001 to 52 per cent in 2003 (45 per cent for girls with a girl-boy parity of 0.85). Children not in school (47 per cent) are particularly vulnerable to trafficking, the worst forms of work, abuse and violence. Programmes for preschool children reach 2 per cent.

3. The infant mortality rate fell from 105 per 1,000 live births in 1999 to 83 in 2003; and infant/juvenile mortality dropped from 219 per 1,000 live births in 1999 to 184 in 2003. The rates of vaccination coverage in 2003 were 86 per cent for anti-tuberculosis vaccine (BCG), 78 per cent for three doses of the combined diphtheria/pertussis/tetanus vaccine (DPT3), 71 per cent for measles and 66 per cent for yellow fever. However, isolated cases of poliovirus, reported regularly since

2002, have made Burkina Faso a reinfected country. Malaria remains the major cause of death for children under five years of age.

4. From 1998 to 2003, rates of delayed growth remained practically the same (37 per cent), while the prevalence of emaciation increased from 13 per cent to 19 per cent. Moreover, 54 per cent of women were anaemic, while only 57 per cent were attended during childbirth. Between 1993 and 1998, the maternal mortality rate dropped from 566 to 484 per 100,000 live births.

5. The incidence of HIV/AIDS is dropping, from 7.2 per cent in 1997 to 4.2 per cent in 2003. The third Population and Health Survey (2003) found a rate of 1.8 per cent in the population between 15 and 49 years old. Women are the most severely affected. Over 50 per cent of new infections occur among adolescents, and 4.8 per cent of pregnant women are infected. The number of children orphaned by AIDS is increasing by 30,000 to 35,000 per year. At that rate, it is estimated that they will number over 500,000 in 2005.

6. The rate of access to drinking water rose from 50 per cent in 1998 to 61 per cent in 2003, with significant regional disparities. Only 30 per cent of households have access to adequate sanitation (92 per cent in urban areas and 14 per cent in rural areas) and in 2003 only 38 per cent of primary schools had sources of drinking water, and 54 per cent had functioning toilets. With 60 cases in 2004, Burkina Faso numbers among the 12 remaining countries where dracunculiasis is endemic.

7. The country has around 60 rural and local radio stations covering close to 90 per cent of its territory, one State television channel and one private channel. Several private and State newspapers offer a wide variety of news. Poverty, illiteracy, and lack of interaction between modern and traditional means of communication limit the impact of the media on social mobilization, behaviour change and participation. A national system of data collection ensures the availability of information which, while insufficient, allows regular monitoring of socio-economic indicators.

8. Despite socio-economic progress, there are many remaining constraints on the achievement of national objectives and the Millennium Development Goals: mass poverty, climatic hazards, the Ivorian crisis, external shocks in the oil and cotton sectors, the wide range of problems related to HIV/AIDS. To address the situation, the State adopted the strategic framework for poverty reduction (SFPR) as a framework for consolidating all development activities.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

9. The health programme helped to improve geographical accessibility of better-quality health care with community involvement in cost-sharing. Two thirds of the population in the zone of intervention are less than 10 kilometres from a health centre offering a minimum package of services. Quality care, including for obstetrical emergencies, is available to half the population. All the first-level health centres of the intervention zone have a management committee whose members have all received training. Support for the expanded immunization programme and National Immunization Days produced a net improvement in routine immunization

coverage, with DTC3 coverage over 76 per cent (2004). Coverage on National Immunization Days (polio and vitamin A) reached 100 per cent. The programme also helped to promote prevention of mother-child HIV transmission, protection of youth against HIV/AIDS and efforts to combat meningitis epidemics.

10. The basic education programme helped to increase educational supply and demand. Advocacy, mass campaigns and government incentives for girls' school enrolment led to a 38.4 per cent increase in the number of girls (15.6 per cent the previous year), reducing the gap between boys and girls by 3.2 points. Almost 18,600 pupils, including over 8,200 girls, were recruited by satellite schools; 2,032 children (including 1,096 girls) were registered in 25 *Bisongo* (early childhood programmes). The Non-formal Basic Education Centres (NFBEC) served 2,051 children, including 872 girls. These innovative initiatives are now recognized as viable and have been integrated into the country's educational system. The programme helped to strengthen management and monitoring capacity and community involvement.

11. The drinking water, sanitation and environment programme led to a significant reduction in the number of cases of dracunculiasis, from 1,957 in 2001 to 60 in 2004. The percentage of satellite schools equipped with latrines went from 19 per cent to 57 per cent, of NFBEC, from 0 per cent to 75 per cent, and of *Bisongo*, from 0 per cent to 95 per cent. The rate of coverage in drinking water in satellite schools, NFBEC and *Bisongo* is over 85 per cent. The programme supported the drafting of the national policy document on hygiene adopted in 2004.

12. In the area of protection, the programme supported Government efforts to develop national policies and action plans to combat trafficking in children and sexual violence against children and to provide care for orphans, vulnerable children and street children. It supported pilot projects by implementing validated strategies at the national level. It contributed to a decline in the practice of excision. The programme obtained encouraging results through support to decentralization in three districts.

13. The communication and advocacy programme reached 1,500,000 persons on the themes of the country programme and gave impetus to behaviour changes which contributed to the progress made. The programme promoted a culture of peace, strengthened the partnerships with religious and traditional authorities, rural radio stations and traditional artists, and established 800 relay centres in the communities.

14. The social planning, monitoring and evaluation programme enabled improvements in strategic planning and knowledge of the situation of children and women. It supported the preparation and presentation of reports on follow-up to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, including Beijing+10. It supported capacity-building, forecast studies and evaluations of poverty reduction strategy papers and the establishment of an ongoing system for data collection.

Lessons learned

15. The "25 by 2005" initiative, the various mass campaigns for girls' education, advocacy, a multisectoral approach, community involvement and incentives have helped to reduce the gap between boys and girls, increase supply and demand in

education, and raise the overall school enrolment level, in particular for girls. The implementation of a combination of these strategies will be continued and expanded.

16. Programme interventions addressing such urgent problems as the worst forms of work, trafficking in children, mother-to-child HIV transmission, sexual violence against children and providing care for orphans and children at risk have been effective. Mechanisms for prevention and care have been tested with good results. They will be promoted to encourage their application throughout the country.

17. The Integral Communication Plan proved effective in bringing about behaviour change. This instrument will be expanded in the country programme.

Work programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	5 231	21 000	26 231
Combating HIV/AIDS	4 049	4 000	8 049
Education	5 237	7 000	12 237
Water, hygiene and sanitation	4 050	1 200	5 250
Protection	4 049	5 000	9 049
Communication for development	4 376	1 100	5 476
Planning, monitoring and evaluation	3 376	1 200	4 576
Cross-sectoral costs	3 377		3 377
Total	**33 745**	**40 500**	**74 245**

Preparation process

18. The country programme is prepared on the basis of the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) but also on the basis of national policies, programmes and strategies. The Government led the process of drafting the country programme descriptions for the United Nations funds and programmes. This was preceded by consultations among the agencies, in particular the United Nations Population Fund, the World Food Programme, the United Nations Development Programme and UNICEF, which allowed them to harmonize their formats and simplify the validation and consultation process with partners, including multilateral and bilateral agencies and civil society. UNICEF was involved in the decision-making at all stages of the CCA-UNDAF process and coordinates the inter-agency programme subcommittee.

Goals, key results and strategies

19. The goal of the programme is to help to reduce poverty and implement the rights of children and women. The programme has developed using a results-based approach and by 2010 will help to produce the following results: (a) a 20 per cent reduction in infant and infant and child mortality rates; (b) a 20 per cent reduction in the maternal mortality rate; (c) a reduction in morbidity related to water-borne diseases and the environment; (d) a reversal in the rise of HIV/AIDS; (e) an overall school enrolment rate for children of 70 per cent, with 65 per cent for girls, preschool programmes reaching 4.6 per cent of children and literacy rates reaching 40 per cent; (f) consideration of the rights of children and women in national policies, programmes and strategies; (g) decision makers, families, communities and populations increasingly practising behaviours and taking decisions that promote the rights of children and women; and (h) a strengthened culture of peace.

20. The programme will consolidate the gains in 11 of the 26 provinces of the United Nations convergence zone for the previous cycle. Extensions will continue to be granted, taking into account the extent of the problems, the presence of other actors, the availability of funds and strategic reasons, in particular those related to UNDAF. Certain interventions will continue to have national coverage: communications and advocacy; planning, monitoring and evaluation; institutional capacity-building; combating micro-nutrient deficiencies; immunization. Geographic convergence will be strengthened for greater impact through a multisectoral approach and complementarity, in particular with programmes of other United Nations agencies.

21. Geographical and financial accessibility to quality basic services will be strengthened particularly for vulnerable children and poor families. Partnerships with United Nations agencies, bilateral and multilateral agencies, civil society and the private sector will be expanded and reinforced. The same will be done with regard to alliances with political, traditional, administrative and religious authorities, local communities and the media. A gender-based approach will be developed and implemented through backstopping for the formulation and implementation of a national strategy. Advocacy among decision makers to promote the rights of women and children and take them into account in policies and programmes and national poverty reduction efforts will be developed by using reliable and disaggregated data on the situation of women and children.

22. The involvement of decentralized structures in the implementation and follow-up of the cooperation programme will be enhanced. A subregional approach will be developed to take into account the cross-border nature of problems such as the fight against excision and child trafficking, and poliomyelitis and dracunculiasis eradication. Advocacy will be conducted to replicate success achieved. The capacities of such stakeholders as parents, decision makers and service providers will be built up in order to enable them to meet their obligations to children. The capacity of children, young people and women to participate in the implementation of their rights will be enhanced. The need for preparedness and emergency response will be taken into account in the various programme components.

Relationship to national priorities and the United Nations Development Assistance Framework (UNDAF)

23. The cooperation programme is aimed at helping to achieve the goals of the strategy framework for poverty reduction (SFPR), which constitutes a cross-cutting approach for promoting national development and which incorporates the goals of national plans and programmes. UNDAF took into account the four main areas of SFPR and decided on seven targets, which the country programme will help to achieve.

Relationship to international priorities

24. The programme's objectives and outcomes are geared towards the achievement of the Millennium Development Goals and the plan of action of the special session of the General Assembly on children in order to guarantee "a world fit for children".

Programme components

25. **Health and nutrition**. The expected outcomes in the area of the health and nutrition of infants and children are: (a) a 92 per cent anti-tuberculosis vaccine (BCG) coverage rate for children under one year; 90 per cent coverage for the five-purpose diphtheria/pertussis/tetanus (DPT)/hepatitis B/Haemophilus influenzae vaccine; 85 per cent for the anti-measles vaccine; 85 per cent for the yellow fever vaccine; (b) reduction in mortality and morbidity linked to malaria, acute respiratory infection, measles and malnutrition among children under the age of five; (c) at least a 25 per cent reduction in the prevalence of micronutrient (iodine, vitamin A and iron) deficiency; (d) a reduction of the mortality rate due to protein-caloric malnutrition to less than 5 per cent among children under 5. In the area of maternal health and nutrition, the following results are expected: (a) an increase from 73 per cent to 90 per cent in the coverage rate for providing initial prenatal-care consultations to pregnant women; (b) an increase from 57 per cent to 70 per cent in the obstetric coverage rate; (c) 70 per cent of pregnant women will receive two doses of tetanus anatoxin. In the area of health services organization and management, the number of contacts for treatment per year will be increased from 0.3 to at least 0.5 per person.

26. This health and nutrition programme will be implemented through three projects. The child health and nutrition support project will develop the following measures: immunization, exclusive breastfeeding, micronutrient deficiency control and integrated management of childhood illness (IMCI). The maternal health and nutrition support project will support the appropriate care of pregnant women during and after childbirth, and the improvement of the quality of care and of the referral and counter-referral system. The health system capacity-building project will support the institution of appropriate technical and material arrangements at all levels of the health system.

27. **HIV/AIDS control**. The expected results of the programme are: (a) institutional capacity-building of the planning, coordination, follow-up and evaluation structures; (b) a 50 per cent reduction in mother-to-child HIV transmission rates in at least four new districts by late 2010; (c) 25 per cent reduction in the HIV/AIDS prevalence rate among adolescents and young people aged 10 to 24 in at least 10 provinces by 2010; (d) guaranteed comprehensive care for 1,250 HIV/AIDS infected children aged 18 months to 18 years and 5,000

orphans and vulnerable children by late 2010; and provision to all UNICEF staff and their families of relevant information on HIV/AIDS and the United Nations policy on HIV/AIDS control.

28. The programme comprises two projects. The prevention and care support project will continue and expand its activities to strengthen lifeskills for adolescents, promote and provide voluntary testing for young people and pregnant women and help with the provision of comprehensive care to HIV-positive children and women. The central institutional support project will support the implementation of policies and strategies through capacity-building, the promotion of partnerships, and help in coordinating support.

29. **Education**. The expected outcomes are: (a) increased nationwide primary school enrolment and reduced gender disparities; (b) increased satellite school enrolment from 23,400 to 40,000 with girls accounting for 50 per cent of such enrolment; (c) improved quality of teaching; (d) enhanced integral care of children from 0 to 6 years and increased enrolment in the *Bisongos* from 2,400 to 8,000 with girls accounting for 50 per cent of such enrolment; greater access to non-formal education for adolescents and for members of community management structures on an equitable basis for girls and women.

30. The education programme comprises three projects. The integrated child development project will support the implementation of national policies and strategies; the construction of new *Bisongo* infrastructure; and their implementation of a package of multisectoral activities and the strengthening of community and institutional capacities. The basic formal education development project will seek to strengthen institutional and community capacities, set up educational facilities, provide teaching materials and school supplies and define and promote measures to encourage girl-child education. The non-formal basic education development project will strengthen community and institutional capacities, strengthen partnerships, build new facilities and help with the design and publication of textbooks.

31. **Water, hygiene and sanitation**. The expected programme outcomes are: (a) a 100 per cent coverage rate for drinking water and sanitation in satellite schools, *Bisongos* and non-formal basic education centres (NFBEC) in 20 provinces; (b) coverage in drinking water, basic sanitation (latrines), the improvement of elementary hygienic practices in five provinces and IMCI targeted zones, and promotion of hygiene in four underprivileged sectors of Ouagadougou; (c) a 10-point increase in the drinking water and sanitation coverage rate for nodal schools in five provinces; (d) dracunculiasis transmission will be interrupted, and its eradication will be certified.

32. The primary and preschool environment improvement project will basically support the construction and rehabilitation of water-supply and sanitation facilities and the integration of the teaching of hygiene into school curricula. The water supply, sanitation and basic hygiene development project will support national strategies, the construction of water-supply and sanitation facilities at the community and family levels, the promotion of hygiene and the strengthening of community management capacities.

33. **Protection**. The expected outcomes of the programme are (a) the national normative framework will be brought into line with the major international instruments relating to the protection of children and women and will be applied;

(b) dissemination and implementation of the personal and family code, and, in particular, increased registration of births; (c) development and expansion of mechanisms for the prevention, return and reintegration of child victims within the context of combating child trafficking, the worst forms of child labour and the sexual exploitation of children; (d) a reduction in the prevalence of female genital mutilation and the strengthening of preventive mechanisms; (e) implementation of national action plans for the protection of child victims of sexual abuse, orphans and other vulnerable children; (f) use of alternatives to placing minors in institutions and detention; (g) enhanced children's knowledge, life skills and participation; and (h) access to social services for the most vulnerable women and children.

34. The women and children's legal protection project will support the dissemination and implementation of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the personal and family code. The socio-economic protection of women and children project will support community capacity-building; care for orphans, vulnerable children and street children; and measures to eradicate excision, sexual abuse, trafficking and the worst forms of child labour.

35. **Communication for development**. The expected outcomes of the programme are (a) increased adoption of behaviours respecting the rights of children and women by families, communities and population groups; (b) stronger partnerships for improving implementation of the rights of children and women and for promoting a culture of peace; (c) greater involvement of children, young people and women in protecting their rights; (d) mobilization of resources for actions in favour of children and women.

36. The communication for behavioural changes project will implement the integrated communication plan for the programme components of training, institutional support, partner orientation on various themes and the determination of relevant programme approaches. The advocacy project will focus on strengthening the commitment of decision makers and partners in the policymaking, budgetary and legislative arenas. The children's participation and strengthening of a culture of peace project will support organizational capacity-building, planning, and advocacy as well as the institution of a children's parliament and the participation of children in promoting a culture of peace.

37. **Planning, monitoring and evaluation**. The expected programme outcomes are (a) enhanced joint planning of the country programme within UNDAF; (b) availability of studies, surveys and assessments for preparing socio-economic policies, strategies and programmes for women and children; (c) and strengthening of national capacities for monitoring and evaluating national policies and for programme planning.

38. The social policies and planning project will help to strengthen planning capacities and develop national social policies. The monitoring and evaluation project will support the development of monitoring and evaluation capacities and ensure the availability and quality of disaggregated data on the situation of women and children relying mainly on the *DevInfo* tool adopted by the United Nations system and the Government.

39. **Cross-sectoral costs** include certain support costs, especially for the purchase and maintenance of equipment, office stationery and supplies, the salaries and travel

expenses of procurement officers and general service staff, and the cost of temporary assistance staff.

Major partnerships

40. To achieve the expected outcomes, the programme will strengthen existing partnerships with multilateral and bilateral agencies, non-governmental organizations and civil society for the implementation of the various programme components. Such partnerships will be intensified through sectoral and thematic consultations. Cooperation with United Nations agencies will be strengthened within the framework of UNDAF, using the complementarity and synergies for programming and joint programmes.

41. The programme will develop cooperation with NGOs, youth and women's associations with a view to implementing and monitoring community-based actions. The same approach will be adopted with respect to partnerships with political, religious, traditional and administrative authorities in conducting advocacy and social mobilization activities.

Monitoring, evaluation and programme management

42. The framework for consultation between the Government and its development partners for monitoring the implementation of the strategic framework for poverty reduction will also be the higher authority for monitoring UNDAF. The specific contribution by the United Nations system will take the form of an annual review of UNDAF.

43. The country programme will be coordinated by the Ministry of the Economy and Development. The planning, implementation and supervision of action plans will be conducted by the ministries in charge of each programme component. Each ministry concerned will designate a national body responsible for technical and administrative management as well as the monitoring and evaluation of programme activities. Technical interministerial meetings will coordinate intersectoral activities. Annual workplans and progress reports on the various programme components will be prepared by these ministerial bodies. UNICEF will be a part of all the consultative, monitoring and evaluation frameworks. The country programme will be reviewed within the framework of UNDAF reviews.